The Saginaw Chippewa Indian Tribe of Michigan Address Change for Tribal Children Members

Tribal Clerk's Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858, Phone: 989.775.4054

PARENT OR GUARDIAN: *PLEASE PRINT INFORMATION CLEARLY AND SIGN IN FRONT OF A NOTARY BEFORE MAILING* Fill out the information below in full. DO NOT fill out this form for anyone 18 years of age or older.

attest that the following chil	d(ren) reside with me at:				
Number/Street	Apartment/Lot	City	State	Zip	
The child(ren)'s mailing add	dress is:				
Number/Street	Apartment/Lot	City	State	Zip	
HOME PHONE: ()		_ CELL PHONE: (_)		
EMAIL:					
Print the names of the Triba	al Member Children residing	at the above address:			
			/ /	M	
Child's Full Name			Birthdate	SCIT Membership #	
			/ /	M	
Child's Full Name			Birthdate	M_ SCIT Membership #	
			/ /	M	
Child's Full Name			Birthdate	M_ SCIT Membership #	
			/ /	M	
Child's Full Name			Birthdate	M_ SCIT Membership #	
			/ /	M	
Child's Full Name			Birthdate	M_ SCIT Membership #	
By signing below as the parent	or guardian, I attest that the abo	ve named child/children re	side(s) at the address	s listed above.	
Signature of Parent or Guardian				Date	
This instrument was	acknowledged before me on thi	s day of		; sworn and	
subscribed before me by		·			
STATE OF)	 Notar	y Public Signature		
STATE OF)ss.		In and for the State of		
COUNTY OF)				
		Coun	County of		
		МуС	ommission Expires	on	
		Actin	σin	County	